Case Number: D02Cl130001976
Transaction ID: 0000948295

Filing Date: 1/1/20/2013 07:03:20 PM CST

SERVICE RETURN

LANCASTER DISTRICT COURT
575 S. 10th Street - 3rd Floor
SEPARATE JUVENILE COURT-4th Floor
Lincoln NE 68508

To:

Case ID: CI 13

1976 Ruby C Tucker v. Albert J Halls

| and the supplementary | hereby certify that on |
|---|--|
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Signature ed copies of the Summons A. Signature ed copies of the Summons A. Agent Addressee B. Received by (Printed Name) C. Date of Delivery P. W. G. G. W. G. J. D. S. Delivery D. Is delivery address different from item 1? Yes |
| 1. Article Addressed to: Albert J. Halls, M.D. Peoples' Health Center | If YES, enter delivery address below: No |
| 1021 N. 27 th St. Lincoln, NE 68503 | 3. Service Type Certified Mail |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number 7012 04 (Transfer from service label) PS Form 3811, February 2004 Domestic Retu | 70 0001 1836/6572 |
| | (Sheriff or authorized person) CERTIFIED MAIL PROOF OF SERVICE |
| Copies of the Summon | s,were mailed by certified mail, |
| At the following address | : People's Health Center |
| 1021 Nic | 27th St., LINCOLA, NEUSED3 |
| | Adrew D. Silbornsen #32909 |
| Postage \$ <u>(0,3/</u> | nailing to the party was signed on <u>October 29</u> , <u>2013</u> . |
| /2 1000ipc101 11 | The second secon |

To: Albert J Halls
M.D. Peoples' Health Center
1021 N. 27th St.
Lincoln, NE 68503

From: Andrew D Sibbernsen
Westroads Office Park
1111 N 102 Ct, Ste 330
Omaha, NE 68114-0000



SERVICE RETURN

Case Number: D02CI130001976 Transaction ID: 0000948295 Filing Date: 14/20/2013 02:03:20 PM CST

LANCASTER DISTRICT COURT 575 S. 10th Street - 3rd Floor SEPARATE JUVENILE COURT-4th Floor

Lincoln

NE 68508

To:

| Case ID: CI 13 1976 Ruby | C Tucker v. Albert J Halls |
|---|--|
| SENDER: COMPLETE THE OFFICE | Lhereby certify that on |
| SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Aftach this card to the back of the mailpiece, or on the front if space permits. | A. Signature A. Signature A. Signature A. Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery |
| 1. Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| Peoples' Health Center c/o Debra Shoemaker, Registered Agent 1021 N. 27 th St. Lincoln, NE 68503 | 3. Service Type |
| er . | Certified Mail |
| 2. Article Number | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| (Transfer from service labe) 7012 0470 | 000J 793P P9F9 |
| 2S Form 3811, February 2004 Domestic Ret | (Sheriff or authorized person) |
| Copies of the Summor TO THE PARTY: At the following addres | CERTIFIED MAIL PROOF OF SERVICE Is were mailed by dertified mail, POPLE'S HEALT (ONTEX S: C/UDEBNA SKOENAKEN, REGISTERA AGING 27 74 (+ 1/10/11/11/17/857)2 |
| on the A Standay of | of October 20/3, as required by Nebraska state law. |
| Postage \$ <u> </u> | |
| The return receipt for n To: People's Health Center C/O Debra Shoemaker, Reg.Age 1021 N. 27th St. Lincoln, NE 68503 | railing to the party was signed on <u>October 09</u> , <u>2013</u> . From: Andrew D Sibbernsen Westroads Office Park 1111 N 102 Ct, Ste 330 Omaha, NE 68114-0000 |

ATTACH RETURN RECEIPT & RETURN TO COURT